integrated with the general health services and the District Medical Officer is the Chief Implementing Authority at the District level.

Bomb Explosions in Railways

857. SHRI ANNA JOSHI: Will the Minister of RAILWAYS be pleased to state:

(a) the number of bomb explosions in the Railways during last six months.

(b) the number of casualities and the financial losses incurred on that account; and

(c) the measures undertaken to control such mishaps?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MALLIKARJUN): (a) During last six months, 40 cases of bomb explosions were reported over Indian Railways.

(b) 24 persons were killed and 48 persons were injured in these bomb blasts.

The financial losses incurred on account of bomb explosions is approx. Rs. 20,49,900/-.

(c) Maintenance of Law and order on the Railways is primarily the concern of the State Government concerned. However, the travelling public are being warned in the affected areas through public address system, close circuit T.V., posters and Newspaper advertisement not to touch or handle any suspicious object and to report about it to the Police/Railway staff. Random check of passengers' luggage is being conducted in the affected areas by police parties to identify and locate unclaimed articles.

National Conference on "Tobacco or Health"

859. SHRI LOKANATH CHOUDHURY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a national conference on "Tobacco or Health" was held in Delhi recently;

(b) if so, the recommendations made by the conference and the action proposed to be taken thereon;

(c) the number of tobacco related deaths for the post three years in the country; and

(d) whether the Government proposed to give job preference to the non-smokers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D.K.THARA DEVI SIDDHARTHA): (a) Yes, Sir. A National Conference on "Tobacco or Health" was held at All India Institute of Medical Sciences, New Delhi on 27-28 July, 1991.

(b) A copy of the recommendations made in the Conference is enclosed in the Statement. The Concerned Ministers/Deptts. of Govt. of India and the State Governments have been requested to take necessary action on the recommendations made in the conference.

(c) The exact number of deaths occuring due to diseases caused by tobacco in the country is not known. However, it has been estimated that in India about 1 million persons die every year due to tobacco related diseases.

(d) There is no such proposal.

STATEMENT

National Conference on Tobacco or Health

(27-28) July 1991,

Jawahar Lal Auditorium, All India Institute of Medical Sciences, New Delhi) organised by Ministry of Health and Family Welfare , Govt. of India in Collaboration with World Health Organisation

Recommendations

Recognizing tobacco as a major public health hazard;

Nothing that the consumption of tobacco is not compatible with the goal of "Health For All" to which we are all committeed:

Confirming that the Goal of a tobacco free society is not negotiable , and

Realizing that an integrated educational, legislative and agro-economic strategy with an operational framework and political, administrative, financial and research support, is needed to protect other people from the tobacco menace and move in the direction of a tobacco free society:

The National Conference on "Tobacco or Health" makes the following recommendations:

1. A National Tobacco Control Commission (NTCC) should be established to plan, coordinate and monitor tobacco control activities. NTCC must have sufficient executive authority, financial resources and an administrative and policy framework based on metworking with planning Commission, concerned Ministeries and Non-Government Organisations. NTCC's annual report should be laid before the Parliament.

2. Laws should enacted to enforce the following measures:

(a) Prohibition of smoking in certain public places according to cabinet Secretariat O.M. 27/1/3/90 dated 7 May 1990;

(b) ban on consumption of tobacco and tobacco products in other public offices, transport facilities, restaurants, worksites in factories hotel lobbies, sports areas, closed areas if tourist interest such as museums, libraries etc., keeping segregated area for smeking and safeguarding the rights of non smokers and children to breathe air free from tobacco smoke;

(c) ban on sale of tobacco and tobacco products to minors; in or near educational and health institutions and on atleast one day a week;

(d) ban on all kinds of direct and indirect advertising and sales promotion of tobacco and tobacco products;

(e) Statuary warings on all packages of tobacco and tobacco products and prescription of appropriate forms, sizes and languages to make these prominent and effective;

(f) printing of nicotine and tar content on all packages of tobacco products, their progressive reduction and establishment of a national laboratory for licencing , testing and monitoring;

(g) Compulsory licencing of all tobacco products;

(h) Compulsory compensatory afforestation by tobacco producers and tobacco industry to make up for tobacco curing related deforestation, and prohibition on use of wood for making paper for rolling cigarettes and packing tobacco products;

(i) graded penalties for violations of

tobacco control legislations and enabling provisions for non-governmental organisations and legal activities for enforcement of law like entering upon premises of tobacco growers and manufacturers to find out violations and launching public interest litigation against offenders in Courts;

(j) ban on use of tobacco in toothpaste and toothpowder;

(k) censoring of all advertisements showing persons smoking or consuming any tobacco product in a favourable light.

3. Preference should be given to non-smokers in certain jobs like teachers, health workers and members of military, paramilitary and police forces.

4. An Expert Committee on tobacco economics should be appointed to make a comparative study of tax revenue , foreign exchange earning, employment and consumer expenditure on the one hand and expensive tertiary level medical care facilities (*) for treatment of tobacco related diseases, losses due to fire hazard, ecological damage to deforestation and disposal to tobacco related waste on the other.

5. The following economic and agro industrial restructuring measures should be taken:

(a) higher life insurance premium from consumers of tobacco and tobacco products;

(b) ban on further expansion of tobacco cultivation, manufactured tobacco products and on introduction of new tobacco products;

(c) ban on subsidies and restrictions on credit, for tobacco cultivation and processing;

(d) monetary help to farmars for changing over from tobacco cultivation to alternative crops;

(e) with drawl of government holdings in tobacco industry;

(f) progressive increase in taxes on all tobacco products to the highest level and use of tax revenues for tobacco control activities by crediting these to a fund to be utilised by NTCC for health education, research, rehabilitation and other tobacco control activities;

(g) rehabilitation of worker employed in tobacco industry;

(h) appointment of a committee to explore solutions to the problem of rehabilitation of workers engaged in bidi manufacturing;

(i) guarding against large scale foreign infiltration in to tobacco industry.

(ii) Making up for the loss of excise revenues, resulting from decline in consumption of tobacco and tobacco products, through revenues from additional disposable incomes of consumers without the burden of additional costs of treatment of tobacco related diseases.

6. Maximum thrust should be given to health education to combat the menace of tobacco and enable the people to make conscious choices, with full information rele-

*Involving even imported equipment.

vant to their health to give up consumption of tobacco in any form.

The following measures are suggested for health education:

(a) establishment of a coordinating committee for health education consisting of the representatives from government, educationists, media and voluntary organisations:

(b) development of an appropriate wide spectrum of strategies for use of media; appropriate message for different target groups, dissemination of both addicive and harmful effects of tobacco use and alternative harmless méthods of relaxation like yoga and meditation, propagation of tobacco free and healthy life styles; effective use of all media electronic, folk media street pylas, theatre groups etc; enlisting the cooperation of political, Social and religious leaders and other opinion leaders; use of available fora like primary health centres liked to medical colleges, educational institutions, voluntary organisations, especially those working for children, youth and women; development of effective health education materials for both interpersonal of effective health education material for both interpersonal and mass communication through participative workshops, KAP studies and evaluation of health workers; utilisation of the services of influential activists with strong ethical and intellectual appeal by sending them to villages to speak to the masses of rural people about the ill effects of tobacco use; major emphasis on education of children and youth to protect them from tobacco use; inclusion of information on ill effects of tobacco in the curricula of School children, teacher training course, community medicine and adult education.

(c) Countering tobacco advertising and sales promotion, until these are legally banned, through health education and other supportive measures like prohibition of sponsorship of sports anf other cultural events by tobacco industry, issue of anti tobacco coins and postals stamps, encouraging responsible parenthood to inculcate healthy habits in children, declaration of a 'No Tobacco Day' (11th October is suggested).

7. Non Governmental organisation (NGOs) particularly those working for children, youth and women have to play an important role in tobacco control programme particularly in health education and emforcement of tobacco control legislation . Steps should be taken for their active involvement in tobacco control programmes.

(a) preparation of directory of NGO's which are working or willing to work for those control;

(b) representation of NGO's on tobacco control committees from the national to the district level;

(c) flexible funding of NGO's for tobacco control activities;

(d) association of grass root level NGO's (e.g.mahila mandals and youth clubs) in tobacco control activities at village level;

(e) formation of coordinating groups by NGO's among themselves and their interaction with tobacco control committees at various levels;

8. Though no further research is needed to start tobacco control activities, Yet it is necessary to undertake further research and studies to strengthen such activities, ICMR should collaborate with the proposed NTCC in this work. The main use of research findings is to provide scietifically valid information to political leaders and other decision makers, health education workers and the masses of people. The following research priorities are recommended;

(a) preparation of a state-or-art docu-

ment on "Tobacco or Health";

(b) evaluation of all tobacco control activities;

(c) maintenance of a topic bank of research priorities for use by research organisations. University departments, Colleges of medicine, agriculture, sociology, economics and public administration for post-graduate, doctoral and post doctoral research;

(d) research in the area of health education by NGO's, Women's Welfare Organisations, religious organisations etc;

(e) research on behavioral aspects of initiation and quitting of tobacco habit and the effectiveness of health promoting behaviour like yoga, sports, meditation etc;

(f) research on location specific alternative crops for tobacco and tendu leaves by agricultural universities;

(g) surveys and studies on growing manpower needs to assess and identify the alternative employment avenues for workers engaged in tobacco industry;

(h) study on factors determining or controlling demand for tobacco and tobacco products;

(i) study of the effects of public policies on tobacco consumption.

(j) baseline and periodic studies to determine the trends of tobacco use;

(k) studies to quantity the morbidity and mortality trends of tobacco related diseases;

(l) a contro case study by ICMR on involuntary smoking

(m) study of the effects of tobacco on reproductive health;

(n) research on pharmacological and non-pharmacological approaches to cessation of tobacco habit by scientific study of drugs suggested in biochemic, homoeopathic and other systems of medicine.

9. A National Tobacco Control Action Plan, based on the recommendations of this conference should be prepared for implementation in phases. Similarly, plans for tobacco control activities should be prepared at the State and the District levels. Certain administrative measures are needed to implement these plans: formation of tobacco control committees at National, State and District level, including representatives of government and NGO's collaboration between the Planning Commission and the concerned ministeries; formation of tobacco control cells in concerned ministries and departments at the national and State levels. The District level committee should be formed under the chairmanship of the District Collector to prepare the District plan with details of activities to be carried out by NGO's and government offices and enlistment of the cooperation of opinion leaders.

10. A white paper on government policy on tobacco should be prepared and laid before Parliament.

(Note: The representatives of tobacco industry have voiced their reservations against these recommendations except those relating to education of the public. Other participants have urged that the recommandations of the conference should form the basis for a National Tobacco Control Action Plan to so implemented in phases and that the tobacco industry should diversify itself and actively help in freeing the society from the tobacco menace).